

315 BRIDGE STREET
P.O. BOX 398
ELK RAPIDS, MI 49629-0398



VILLAGE OF ELK RAPIDS
PHONE: 231-264-9274
FAX: 231-264-6337

VILLAGE OF ELK RAPIDS DEPARTMENT OF PUBLIC WORKS

FOR OFFICE USE ONLY		
Application No.	Date Received	Application Fee \$20.00

CENTRAL BUSINESS DISTRICT SIDEWALK USE PERMIT APPLICATION

PLEASE COMPLETE THIS FORM AND SUBMIT TO THE VILLAGE OF ELK RAPIDS OFFICE WITH THE FOLLOWING INFORMATION:

PROPERTY LOCATION INFORMATION	
Address Number & Street Name	
Parcel Number	Lot Number

APPLICANT INFORMATION		Applicant is:	Owner	or	Authorized Agent
Last Name:		First Name:			
Applicants Address:					
Business Name:					
Telephone number:			E-Mail:		

OWNER INFORMATION (if different from Applicant)		
Last Name:	First Name:	Corporation or Partnership
Applicant Address:		
City:	State:	Zip Code:
Telephone number:	Fax number:	E-Mail:

This permit is valid for the calendar year of this date of issue. This permit must be renewed annually with the submittal and approval of a new sidewalk use permit application and liability insurance certificate.

DECLARATION OF APPLICANT

AFFIDAVIT:

I, hereby declare that the statements herein are true and complete, to the best of my knowledge and properly represent the purpose and intent of the declared use. I also declare that by making this application, the undersigned grants all officials, staff, and consultants of the Village of Elk Rapids access to the subject property as required and appropriate to assess site conditions in support of a determination as to zoning code compliance.

Signature of Applicant

Date

REQUIRED INFORMATION AND ACCOMPANYING DOCUMENTS

The following items must be provided at time of submittal to the Planning and Zoning Administrator:

_____ Completed Village of Elk Rapids Sidewalk Use Permit Application

_____ Liability Insurance Certificate

_____ Permit Application Fee

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Application No. _____ Fee Tendered \$ _____ Cash Check No. _____

Application: Approved Denied

Authorized Signature:

Superintendent – Department of Public Works

Date